DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GRACELAND MANOR II (110515) Address: 320 W 17TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 12/31/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096283 End Date: 01/18/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008336 Served 02/07/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.43(3)(b)1 TESTING BY SERVICE COMPANY 83.43(3)(b)2 TESTING OF SMOKE DETECTORS

Survey ID: 0095073 End Date: 06/15/2005 Type: STANDARD Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093924 End Date: 01/04/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 02/03/2006 SOD #10008336 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Complaint History

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 07/05/2005

Date Investigation Completed: 01/18/2006

Subject Area(s)

Result

NOTE SUBSTANTIAL TEEP

ABUSE NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED

Date Complaint Received: 05/12/2005 Date Investigation Completed: 06/15/2005

Subject Area(s) Result SOD #

QUALITY OF LIFE NOT SUBSTANTIATED

Date Complaint Received: 10/25/2004 Date Investigation Completed: 01/12/2005

Subject Area(s) Result SOD #

PROGRAM SERVICES SUBSTANTIATED NOT RECORDED

QUALITY OF LIFE NOT SUBSTANTIATED